

# OFFICE OF THE BUILDING & ZONING OFFICIAL VOLUNTOWN, CT



115 Main Street  
P.O. Box 96  
Voluntown, CT 06384  
Telephone: 860-376-3867  
Fax: 860-376-3295

## **DEMOLITION PERMIT APPLICATION**

Date of Submission: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
Permit Fee: \$ \_\_\_\_\_ Approved: \_\_\_\_\_  
CT Education Fee: \$ \_\_\_\_\_  
Total Fees Due: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Location, address where work will be performed: \_\_\_\_\_  
Description of building structure: \_\_\_\_\_  
Demolition method and equipment: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name as it appears on land records: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Registered letters sent to the following adjoining property owners:  
Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor: \_\_\_\_\_ License: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Provide Copy of Insurance

Written notice of the following notices received: Utility services disconnected, meters removed and lines capped or plugged for:

( ) Electric    ( ) Water    ( ) Gas    ( ) Telephone  
( ) Sewer line capped    ( ) Septic tank removed

Location of debris resulting from demolition to be disposed as follows: \_\_\_\_\_  
\_\_\_\_\_

WORK TO BE COMPLETED UNDER REGULATION ESTABLISHED BY PUBLIC ACT NO.  
551, CONNECTICUT STATE DEMOLITION CODE

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Owner Signature (if different from Applicant)

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date Approved

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*APPLICANT MUST CALL TO SCHEDULE A DEMOLITION INSPECTION*

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Permit Approval Date

Demolition Completed: \_\_\_\_\_

Date: \_\_\_\_\_

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## Demolition Permit Guideline

The following is a list of things that must be submitted to acquire a demolition permit in the Town of Voluntown. Connecticut General Statutes; 29-406 requires these items:

1. Certificate of Insurance: Minimum requirements
  - Specify demolition purposes
  - Bodily injury liability - \$100,000/person; \$300,000 aggregate minimum
  - Property damage - \$50,000/accident; \$100,000 aggregate minimum
  - Must state Town of Voluntown and its agents are held harmless from any claim arising out of negligence in course of demolition operations
  - Exceptions when insurance is not needed; see #3 Exceptions
2. Certificate of notice by all public utilities having service connections within the premises that such connections and service have been severed. (on permit application)
3. Must possess and show a valid certificate of registration as a demolition contractor
  - Exceptions: renovations to an existing structure, any historic building being disassembled for moving of the structure, owner when demolishing a single family home or outbuilding, farm buildings
4. Permit **must** be signed by both the owner and demolition contractor.
5. Demolition shall not commence unless each adjoining property owner has been notified by registered or certified mail with the receipts received in this office.
6. State agencies must apply to this office for demolition permits for state owned buildings.
7. SGS 19a-33b – requires contractors performing asbestos abatement or any person conducting demolition to notify the Commissioner of Public Health at least 10 days prior to onset of demolition. This is the **contractor's** responsibility, not the Town of Voluntown.